

**TRANSMITTAL  
FORM**

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JUL 08 2005

U.S. PATENT &amp; TRADEMARK OFFICE

SAC

		Application Number	09/987,610
		Filing Date	11/15/2001
		First Named Inventor	Albert Chow
		Group Art Unit	2684
		Examiner Name	Gesesse, Tilahun
Total Number of Pages in this Submission	4	Attorney Docket Number	113478CON

**Enclosures (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
Issue Fee - Part B Transmittal (2 copies)		
<b>Remarks:</b> Response to Notice of Allowance and Fee due mailed 04/22/2005		

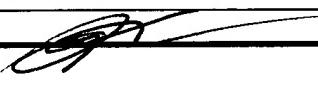
**CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

Customer Number - 26652

or  Correspondence address below

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Gary H. Monka		Reg. #	35290
TELEPHONE	908 707-1573			
SIGNATURE			DATE	07/06/2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 07/06/2005

Type or Printed Name	Mary J. Curch		
Signature	Mary J. Curch	Date	07/06/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450